

# Teacher Initiated Program

## *FY2006 Final Report*

**Deadline: 30 days after the completion of the grant period**

1. Grant Number:	_____	Fiscal Year:	2006	_____
2. Grantee's Name	_____			
3. Mailing Address	_____			
4. City	_____	5. State	_____	6. Zip+4
	_____		_____	_____
7. County	_____	8. FEIN #	_____	
	_____		_____	
9. Phone Number	_____	10. Fax Number	_____	
	_____		_____	
11. Email Address	_____			
12. <b>Contact Person</b> for this report	_____			
13. Phone Number	_____	14. Fax Number	_____	
	_____		_____	
15. Email Address	_____			
16. Activity Dates	Begin: _____	End:	_____	
17. Number of individuals who benefited from this grant	Youth _____	Adult	_____	
18. Dollar amount spent on arts education in FY06	\$ _____		_____	
19. Number of artists who participated in this activity	_____			
20. Name of artist(s) doing residency	_____			
21. What counties were served?	_____			
23. If professional development was provided, how many hours of professional development were provided to how many teachers?	Hours _____	Teachers	_____	

As you reach the conclusion of your Teacher Initiated Program funding period for FY2006, please respond to the following series of self-assessment questions, on a maximum of two pages, placing your school's name in the top right hand corner of the page.

### **1. Impact/Evidence**

Describe the impact of this project and provide supporting evidence (*Note: Evidence may include samples of student work, student responses, quantitative participation data, etc.*)

- How did the project engage students in the hands-on creation of art?
- How did the project engage teachers and parents in the creative process?

- How did the project help teachers and parents learn to use the arts to support student learning?
- How did the project lay the foundation for future work?

## 2. Credit:

How did you satisfy the Kentucky Arts Council credit requirement? If applicable, attach copies of programs, newsletters, web site links, etc. containing the KAC credit line.

### ***Mailing Address for Final Report***

Kentucky Arts Council  
21st Floor, Capital Plaza Tower  
500 Mero Street  
Frankfort, KY 40601-1987  
502-564-3757  
Toll Free: 888-833-2787

*I certify that I am legally authorized to submit this report on behalf of the grantee and that the foregoing statements and enclosures are true and complete to the best of my knowledge. All signatures must be in **RED** ink.*

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

**All signatures must be in RED ink.**

Type Name \_\_\_\_\_ Title \_\_\_\_\_